
**EXCERPT - 2004 State Medical Facilities Plan - CHAPTER 4
STATEMENT OF POLICIES**

**POLICY HH-2: NEED DETERMINATION UPON TERMINATION OF COUNTY'S
SOLE MEDICARE-CERTIFIED HOME HEALTH AGENCY**

When a home health agency's board of directors, or in the case of a public agency, the responsible public body, votes to discontinue the agency's provision of Medicare-Certified home health services and to decertify the office; and

(A) the agency is the only Medicare-Certified home health agency with an office physically located in the county; and

(B) the agency is not being lawfully transferred to another entity;

need for a new Medicare-Certified home health agency office in the county is thereby established through this policy.

Following receipt of written notice of such decision from the home health agency's chief administrative officer, the Certificate of Need Section shall give public notice of the need for one Medicare-Certified home health agency office in the county, and the dates of the review of applications to meet the need. Such notice shall be given no less than 45 days prior to the final date for receipt of applications in a newspaper serving the county and to Medicare-Certified home health agencies located outside the county reporting serving county patients in the most recent licensure applications on file.

**POLICY HH-3: NEED DETERMINATION FOR AT LEAST ONE MEDICARE-
CERTIFIED HOME HEALTH AGENCY PER COUNTY**

When a county has no Medicare-certified home health agency office physically located within the county's borders, need for a new Medicare-Certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the annual State Medical Facilities Plan.

POLICY HH-3: NEED DETERMINATION FOR MEDICARE-CERTIFIED HOME AGENCY IN A COUNTY

When a county has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-Certified Home Health Agency Office located in a North Carolina County within 20 miles, need for a new Medicare-Certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the *next* annual State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

POLICIES RELATED TO END-STAGE RENAL DISEASE DIALYSIS SERVICES (ESRD)

POLICY ESRD-1: AVAILABILITY OF DIALYSIS CARE

This former policy was edited and moved to the narrative of "Chapter 14: End-Stage Renal Disease Dialysis Facilities" in the 1998 Plan.

POLICY ESRD-2: RELOCATION OF DIALYSIS STATIONS

Relocations of existing dialysis stations are allowed only within the host county and to contiguous counties currently served by the facility. Certificate of need applicants proposing to relocate dialysis stations to contiguous counties shall:

1. demonstrate that the proposal shall not result in a deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent Dialysis Report, and
2. demonstrate that the proposal shall not result in a surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent Dialysis Report.